



Specialty Independent Review Organization

Notice of Independent Review Decision

Date notice sent to all parties: 7/6/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

The item in dispute is the prospective medical necessity of an MRI of the cervical spine.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Upheld | (Agree) |
| <input checked="" type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of an MRI of the cervical spine.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Records were received and reviewed from the following parties:

MD

These records consist of the following (duplicate records are only listed from one source): Records reviewed from:

Letter – 6/27/12

Denial Letters – 4/27/12 & 5/21/12

Appeal Request Acknowledgement letter – 5/17/12

LHL009 – 5/30/12

MRIoA

Review Reports – 3/12/12, 4/26/12 & 5/21/12

MD

RME Report – 11/1/11

Records reviewed from MD:

Various DWC73s

Family Practice

Follow-up Visit Note, Examination Form, Treatment Plan Form, & PM&R

Treatment Plan – 1/19/10, 2/2/10, 3/2/10, 4/9/10, 5/10/10, 6/10/10,
7/9/10, 8/5/10, 9/2/10, 10/5/10, 11/4/10, 12/7/10, 1/5/11
Initial WC Evaluation – 1/19/10
Medical Report – 7/14/10
Progress Notes – 2/13/12, 4/23/12, 5/23/12, 6/27/12
Request for Reconsideration – 5/16/12
Evaluation Centers
Report of Medical Evaluation – 5/27/10
DWC69 – 5/27/10, 11/30/10
Texas Department of Insurance
Denial of Request to Change Treating Doctor – 4/16/2010
DO
DDE Report – 11/30/10
Pain & Recovery of
FCE Report – 12/1/10

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant had stepped into a hole on xx/xx/xx. The injury sites were noted to have included the “lower” back. “She also hurt her “neck” as noted on the xx/xx/xx dated report from the Attending Physician. The neurological exam was intact. A subsequent diagnosis has included a cervical sprain. Records for 11/11 (from the designated doctor) document an intact neurologic examination and multiple positive potential signs of symptom magnification. There has been documentation of numbness in multiple digits of the left hand, as noted on 2/13/12. On 5/23/12, neck pain and numbness of multiple left upper extremity digits was noted, along with decreased digital sensation and decreased reflexes. There was painful crepitus at the cervical spine upon motion extremes. This was reiterated on 6/27/12, as per the Attending Physician. Tenderness at the cervical spine was noted, with palpation producing increased left upper extremity tingling. Reduced sensation has been noted in the right thumb and index fingers. The appeal letter dated 5/16/12 discussed “progressive neurologic deficits.” Prior records denoted ongoing medications including NSAIDS. Denial letters were reviewed and included the lack of recent cervical x-rays and or detailed trial and failure of recent conservative treatment.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

With reasonable documentation of subjective neck pain, objective tenderness, associated paresthesias and decreased upper extremity sensation and reflexes; there is guideline-associated indication for the requested cervical MRI. The chronic neck pain is associated with a plausible neurologic deficit and/or even ligamentous issues, based on the longevity and severity of recently documented

pain, paresthesias and examination findings. Therefore, the requested service is medically necessary.

Reference: ODG Cervical Spine

Indications for imaging -- MRI (magnetic resonance imaging):

- Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present
- Neck pain with radiculopathy if severe or progressive neurologic deficit
- Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present
- Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present
- Chronic neck pain, radiographs show bone or disc margin destruction
- Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"
- Known cervical spine trauma: equivocal or positive plain films with neurological deficit
- Upper back/thoracic spine trauma with neurological deficit

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)